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# Dominion Dental Journal

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## Original Communications

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### DENTAL ETHICS.—(CONCLUDED )

By R. J. READ, B.A., D.D.S., Athens, Ont.

Next let us consider our duties to the profession. In discussing this part of the subject, it is also necessary to keep in mind the conclusion to which we came in the former part of the treatise, namely, that the good of man consisted in the fulfilling of his capabilities; and also to remember, as it has been shown in the preceding pages, that the fulfilling of these capabilities is possible only to the extent that the opportunities for fulfilling them are afforded. The desires of a particular set of men must not be allowed to take precedence to the good of the community. To live together in harmony each one must respect the rights of the other. These rights are not respected if we prevent others in their endeavor to do their best. This best may be in the treatment of a patient whose teeth demand, we will say, cement fillings. We will suppose a case in which cement has been used, and the patient cautioned to return at stated intervals to have his teeth examined. The patient promises but does not keep his word. The fillings dissolve, with the consequent loss of tooth structure. The patient, perhaps from a sense of shame in having violated his word, perhaps on account of his removal to a distance, or for some other reason, visits another dentist. The latter informs him that all the trouble is due to the use of cement, whereas gold would have obviated the trouble. Much may be said and more hinted concerning the roguery of the practice of inserting such fillings. The patient is (we will suppose) finally convinced that the present dentist is very honest and very clever, and that the former dentist is very dishonest, very ignorant, and incapable of putting in a gold filling

These and kindred ideas are insinuated to the patient, without any special dentist being named, in such a manner as to assign to the dentist an ability superior to that possessed by the other members of the profession. No endeavor is made to ascertain the cause, or causes, which led to the use of cement as a filling material; rather the idea is inculcated that no cause but inability or greed would warrant its use. Here we have a case of manifest deceit upon the part of the dentist. This man is not fulfilling his capabilities; he is not educating the patient who has come to him. At the expense of the profession he thinks he is advancing his own interest. He is, indeed, injuring the profession, inasmuch as he conveys the idea that it is composed of many unworthy men. He is not advancing his own welfare, in so far as he teaches that he is one of a body of men that knows little of its profession. He is causing a retrograde in humanity, in so far as he causes a patient to leave his office with a doubtful idea of the ability of dentists. The patient will communicate his thoughts to others; these others will question the wisdom of trusting themselves to dentists. As a result, after much suffering, they will lose their teeth, impair their digestion, and thus unfit themselves for exercising their capacities to the utmost extent.

Now, on the other hand, what would be the probable result of the opposite course of conduct on the part of the dentist in relation to the patient, to the profession, and to the patient? If the patient is told that the tooth requires another cement filling, or that a more durable one may now be put in, and also that he has neglected his teeth to a serious extent in not having them more promptly attended to, he will be convinced that he must blame himself for his loss. If in the course of the consultation the fact is elicited that the patient was warned to return for an examination of his teeth, then a very favorable opportunity is presented to impress upon the patient the necessity of paying due heed to the advice of the dentist. Will he think less of the dentist because the latter has pointed out to him in what respect he has been remiss in his duty; how he has failed to give the former operator an opportunity to do his best for his patient? On the contrary he will have much more respect for a profession that has attained to such perfection that the different members of it agree in their conclusions. After having received again the admonition to attend to his teeth, and having had a practical exemplification of the injury resulting from the failure to do so, he will be hereafter more intelligent, and in the ordinary course of events will impart his knowledge to others. He will impress upon them the necessity of avoiding the errors he made. Thus having fulfilled his functions, the dentist has increased the capabilities of the profession by educating the people to know what may be done for them, and.

what their duty is to the dentist. Hence each dentist, in every near and remote part of the earth, by honorable conduct and by instructing his patients, will bring about those circumstances in which the capabilities of the profession may be increased.

Next let us turn our attention to the subject of advertising and discuss the results arising from false statements, claiming to do that which we do not, and be that which we are not. This is a state of affairs fraught with the most serious consequences to humanity, and consequently to the profession.

What shall be said of the dentist who advertises the best set of artificial teeth at such a price, that in order to obtain a mere existence so large a number of sets is rushed through that the work must be of a very inferior kind, and the finish most unseemly? Some one might suggest that such a one was performing a good service in so much as he was teaching the people, so unfortunate as to come under his care, to thoroughly understand the insufficiency of artificial dentures, and was thereby giving them a more lively sense of the necessity of preserving the natural teeth. This lesson is learned too late by the dupes, but their offspring may benefit thereby. Among the other objections to this argument is the fact that had these people patronized the advertiser for the purpose of preserving their teeth they would have had similarly disheartening results, and their children would be taught the folly of trying to preserve their teeth.

Now, what are we to learn from this? That the acts of unscrupulous men form a most serious obstacle to the progress of dentistry, and the diffusion of its blessings. The disastrous results of the acts of these men are further increased, because there are a class of people who, when they receive unsatisfactory services, blame the entire profession. The idea does not occur to them that there are differences in dentists—no, a dentist is a dentist. What a pity it is that such men cannot comprehend the wrong they are doing to their fellow-beings! If they do comprehend it, can they feel justified in gaining gold at the expense of the welfare of their fellowmen. Can they dare to reflect upon the results of their unworthy acts to those yet unborn? Is this mere theorizing? How gladly we might wish it were.

But how short-sighted a dentist must be not to perceive that this course of conduct is very injurious to himself. Can he hope that unsatisfactory work will bring him the means of cultivating his possibilities? He should know that if his operations are not adapted to these ends, his patients cannot be benefited, nor can they speak of his good services rendered to them. How does a man of this stamp recognize his good? All that can be said is that he does not recognize his duty to himself, to his profession, or to his patient.

From the foregoing it is evident that our duty to the profession is to do good work. How gratifying it is to know that our duties to ourselves, our duties to the profession, and our duties to our patients have the same goal—the good of mankind. The profession might well be discouraged at such a view of the results of this kind of advertising, were it not for the fact that there are in our ranks so many men who uphold the honor of the profession. No doubt the large majority of dentists do their best. Honesty is one of the most important duties we owe to the profession. We must do that which we promise to do, and not that only, but we must perform that which the patient should legitimately expect us to do.

Another subject that has commanded the attention of the profession for some time is that of patents. There are some who take the position that it is beneath the dignity of, and at variance with, the welfare of the profession to take out patents respecting dentistry; yet they would not be adverse to a professional man owning a patent on some article not related to the profession. Now how are we to approach this subject? What is to be our standard of ethics with regard to patents? Shall it be a monetary consideration, or shall we deem the praise of our fellowmen a sufficient offset to the pecuniary loss entailed? The question will arise, why should not dentists profit by the same brain force or chance that other people profit by? Are we essentially different from other people respecting our aims in life? It may be allowed that we deal essentially with human life, while, as a rule, others obtain patents only on articles that administer to comfort, and which are not, in the sense in which we are speaking, for the alleviation of human suffering. Yet a distinction of this kind is not sufficiently clear, because in some cases the line of demarcation between the two classes of patents would be hard to define. In all that we do we should be guided by the true aim of life, the fulfilling of our capabilities. At times we may be so blinded by our passions as to say, "Let each one do the best for himself." But if we wish to form true judgments on this subject we must constantly bear in mind the theory of the good of man. That mode of conduct which is at variance with such good is wrong. In order that men of ability may not be imposed upon, it is necessary that merit should be at a premium, otherwise the result of achieving much would be an excessive demand on their services. It is a law of our being, of our intellectual growth and development, that pre-eminence must have its reward. In the present stage of our intellectual advancement, the laws of our country—that is, the people—admit the advisability of offering a stimulus to man's inventive genius by protecting, for his advantage, the results of his labors. Doubtless this course of action has been pursued in order that mankind as a whole should benefit thereby; for it would be argued,

if no such protection was afforded to inventors, they might not be able to direct their energy in the direction of invention.

Some one may suggest that in taking this position we are at variance with the theory formerly advanced, that the good of man lies in the fulfilling of his capabilities. But not so, for the good of man is the fulfilling of his present capabilities, and it has already been pointed out that our capabilities are known only in so far as they are attained. What we may hereafter be, we cannot tell. Our abilities depend upon our surroundings, and as these change, so do our possibilities change. If the conditions are such that patents are necessary for the fulfilling of man's capabilities, then patents are necessary; but the time may come when man has so advanced that such protection is unnecessary.

If a discovery be made of such a kind that it is a boon to suffering humanity, that the terrors and pains which have been endured in the past may in the future be assuaged, then the thought is suggested,—is it equitable to allow the discoverer or inventor to give to the profession, and through it to the world, the fruit of his labors. These labors may have been intense and prolonged, and the result obtained only at the expense of health and fortune. Has the profession the right to accept these discoveries as free-offerings? They may be presented to the world as such, but is the generosity of an individual to be greater than the magnanimity of the community? It is not enough to say to dentists, "You belong to an honorable profession, therefore you should not disgrace it by obtaining patents, your aim should be something higher than mere commerce." Of course it could hardly be maintained that a discovery of vital importance to humanity should be patented and so restricted in its use that the poor might not profit by it.

But when we come to discuss secret compounds and secret local anaesthetics, the question becomes altogether different in its bearings. It is nothing short of a criminal act to prescribe for a patient some mixture of which we do not know the ingredients, or if the ingredients are known the proportions of the ingredients are unknown. The dentist who uses these secret preparations must hold in very light esteem the value of a human life. Besides, how undignified is the position of being treated as simpletons by men who presume to think us so weak-minded as to use their drugs on their guarantee. The very fact that such proprietors wish men to act criminally ought to be a sufficient intimation to us to be cautious. Can such proprietors have the welfare of the profession at heart? If so, then it is compatible with the welfare of the profession to induce men to lose their own identity and to become unscrupulous by imperilling the safety of their patients. We owe it to the profession to put a stop to these secret preparations, because the standard of the profession is lowered when it is admitted (by using these

preparations) that the combined intelligence of the profession is insufficient to prescribe for the cases which come under the care of dentists. Too much cannot be said against the use of secret decoctions, and we cannot learn too soon to despise ourselves for employing them.

We will now give our attention to a consideration of our duties to our patients. "The personal relation of the dentist to his patients is usually closer than is agreeable to the sensibilities of cultivated and refined people, and, while tolerated on both sides because of the necessities of the occasion, the approach should be made with a delicate regard to the natural feelings of repugnance to the contact of another person." To render this necessary contact as tolerable as possible to the patient (we are not now discussing the duties of the patient to the dentist) one of the first requisites is a due attention to our personal appearance and personal cleanliness. This is an attention that will be duly appreciated by our patients; and by fulfilling this obligation we, not only as individuals, but as a profession, are held in greater esteem by them. After this our attention is required to the appearance of our office, which of course includes our instruments, some of which are of necessity exhibited to our patients. It is not a matter of surprise that the refined dentist succeeds sooner or later. These duties are so closely connected with our duties to the profession that in performing them we are doing much to raise the standard of the profession. All those who are anxious to have dentistry highly esteemed should give their serious attention to these studies.

The education of the people is a subject of vital importance to the dentist. The education to which reference is made is the imparting of that knowledge which has a direct bearing upon the subject of dentistry as it is related to the patient. We should teach our patients not only *how* to take care of the teeth, but also *why* this care is necessary. This instruction should be given without ostentation, and in season. When the people learn the real object of dentistry, it will not be difficult for a competent man to gain their confidence. It is almost incredible, but unfortunately true, that much teaching is yet necessary before a certain large class of people learn that dentists have aspirations beyond the ability to extract teeth and replace them with artificial ones. Our patients must have confidence in us, and not until such confidence is established can we fulfil our capabilities and give our patients the full benefit of our ability. To make this desired state of knowledge an actuality much effort is required on our part; and the effort required is greater in proportion to the greater number of incompetent and dishonest men in the profession.

Sometimes our duties are not altogether agreeable, and we would

shirk them but for the evil resulting therefrom. We must always have in view the end for which we strive, and that which we think is right we must do. Should we violate our sense of honor in order to hide the defects of a fellow dentist's work? If our services are requested to examine the teeth and we find some work that is so faulty that the teeth are being destroyed, shall we hide this truth from the patient? It certainly requires no argument to show that we should not. Then, how shall we impart the result of our examination? Shall it be in a manner to protect the dentist who did the work at the expense of the reputation of the profession and of the welfare of the patient? Deception is at variance with the ultimate good of humanity, therefore the truth is required. It would be a very simple task to state simply that the teeth require filling. But let us suppose a case where the cavities are at the margins of defective fillings, and the patient requests us to show him where the tooth requires a filling. We do so, and we are told that the fillings were put in but three months ago. The patient is so discouraged that he vows that he will have no more teeth filled. Now the question arises, are we justified in allowing the patient to leave the office with such an erroneous idea of the possibilities of dentistry, and with the determination to sacrifice his teeth? We certainly are not, and our duty is simple—refer the patient to his dentist. By giving this advice we may lose a patient at a time when we are sorely in need of one, but for several reasons this advice will be prudent. This procedure will enable us to retain our dignity before the patient; for what is more humiliating than the debasement which follows a tirade against the members of the profession, and our consequent depreciation in the estimation of worthy people; it will also help us to escape the snares that are set for us by unscrupulous people who carry around false reports of what other dentists have said. In private life we know what evil, malicious tongues work among friends; how hesitatingly then, in our public life, we should give ear to tale-bearers. "A mutual understanding is ever the firmest chain."

Again, by referring the patient to his dentist we afford the latter an opportunity of seeing his shortcomings, and profiting thereby. This course of action is the best for patients, for they should be given to understand that in order that they may reap the benefits which dentistry has to bestow, it is necessary that they should place themselves under the care of a responsible dentist and, when they have need of a dentist, go to him. In the event of a patient refusing to return to his dentist, and of his requesting our services, we are morally bound to give him the advantages of our skill.



## SOME INTERESTING CASES.

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By GEO. A. WEBSTER, D.D.S., St. Albans, Vermont.

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A few weeks since I was called to my office late one evening by a friend, an attorney, who was suffering intensely from apparent alveolar abscess. Found the right superior first molar decayed to gingival margin, with marked pericementitis. Extracted the two buccal roots without difficulty, each having a large-sized abscess attached. Patient soon experienced some relief, and wanted to leave the remaining root till some future time, but finally allowed its attempted extraction. Finding, on attempting its removal, that after it was free from its alveolus there was still an obstruction of some nature, I exerted but little force, and that steadily until I had drawn from the floor of the antrum an abscess nearly an inch in length. Hot water, followed by antiseptic solutions, found ready exit through the nasal opening, and but a few days sufficed for permanent cure.

CASE 2.—Early last February (1895), married lady, about thirty-six years old, presented herself for the extraction of several inferior roots. Noticed second left bicuspid root badly decayed below alveolar margin, and containing small vascular fungoid growth. From examination judged it to be a simple pulp-fungoid tumor, so extracted root, but arranged to see patient again in a few days. Upon returning at the end of about ten days, found marked recurrence of the growth, somewhat more dense than before, and the size of small hazel-nut. Could find no history of cancer vice in the family, but inquiry elicited the fact that this tooth was extracted many years ago, by carelessness of dentist, and replanted. Advised immediate attempt at extirpation. The operation occurred a few days later, February 20th, using the lancet freely in the soft tissues and surgical burrs and hand currettes for the process and bone until convinced I was well beyond the affected zone. Packed with iodoform gauze, and treated for about two weeks with antiseptic solutions, principally phenol sodique. Patient being naturally healthy and of bilio-sanguine temperament, wound healed quickly, and to-day tissues are as hard and healthy appearing as could be desired. Had slide mounted with section of tumor, which revealed cells of encepholoma and was finally confirmed as such by the best of authority. Now eleven months having elapsed, the query seems pertinent: (1) Is it eradicated? (2) Is it possible microscopist erred? (3) If a benign tumor, did replanting have anything to do with it?

CASE 3.—Cases of epilepsy from dental irritation, mentioned by Dr. J. D. Patterson in a paper read before the "Odontographs" of Kansas City, as reported in *Western Dental Journal* for November, 1895, remind me of a similar case two years ago. Patient, female, unmarried, and twenty-eight or thirty years old. Epileptic since a child. Spasms not frequent, but very severe. Had been under care of most eminent specialists. In conversation with patient, who had placed herself in my hands for some prosthetic work, found that following spasms she suffered intense pain extending from the angle of the inferior maxilla to its articulation and upward posteriorly to the ear. Oral cavity well cared for, and few remaining teeth in superior maxilla and most of those in inferior maxilla in good condition. Cavities few, small and apparently well filled. From the nature of the pain my attention was directed to the inferior third molars. The one upon the right side was perfectly sound, while that upon the left had a small, shallow crown cavity. Testing by percussion and examination with reflected light gave negative results, but from the fact that they had no antagonists and were, in this particular case, practically valueless, extraction was advised and accomplished a few days later under ether. Fracture of the teeth disclosed as fine specimens of pulp-stones as I ever saw. Patient experienced relief from the pain before mentioned, and paroxysms were less frequent and less severe for the few weeks during which I had opportunity to know of patient, who is now removed beyond my observation.

CASE 4.—Mr. L., student, about twenty. First came into my hands during summer of 1893. History of case: Alveolar abscess of left superior lateral in 1887. Was lanced by physician and as soon as inflammation subsided under use of antiphlogistics patient discharged as cured, but for the entire six years there had been a continual discharge from sinus opening on labial surface between roots of lateral and cuspid. First treated and sealed canal. Probe in sinus disclosing caries of the process, opened surgically, cutting away carious portion, and smoothing apex of root, which was slightly denuded. Packed with antiseptic gauze and treated daily with  $H_2O_2$ . New tissues formed rapidly and two weeks more would, I am sure, have effected complete cure, when patient was obliged to return to college. Although instructed in further care of the case, his studies here engrossed his attention, resulting in neglect, and the case again coming into my hands last summer presented an extremely bad and somewhat interesting condition. Pus again accumulating, had worked its way posteriorly into the cancellous structure and through palatal plate of superior maxillary bone, loosening the soft tissues therefrom, so that a large sac fell from the roof of the mouth, pressure upon which would evacuate nearly or quite a half-teaspoonful of pus through the labial sinus. It was

with difficulty that opening through the hard palate could be found, but finally by draining the sac and applying considerable force to abscess syringe, introduced at fistulous opening, it was located and a free opening made, disclosing to the probe a very large loss of the cancellous structure between the two plates of bone, so much, indeed, that it seemed almost impossible that other teeth were not involved, but am certain they were vital. Followed usual treatment, and new tissues were forming when, on account of return of patient to his college work, case was resigned to Dr. Andrews, of Cambridge, Mass., under whose treatment it is doing finely. Saw the patient during the holidays. There still existed one small pocket where tissues were not forming, and it is possible a little more diseased bone may need to be taken away, but for the most part it was filling nicely with new tissue, and a favorable outcome is assured.

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## THE USE AND ABUSE OF THE DENTAL ENGINE.

By MARK G. MCELHINNEY, Ottawa, Ont.

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Amongst the many appliances necessary to the dentist the engine is one of the most important. It can accomplish easily and in a short time what, by hand, would require considerable force and a much longer time. Having, as it has, so many good qualities, and offering, as it certainly does, so many short cuts on so many operations, it is not surprising that it should have become almost universally abused. Not only is the engine itself wrongly treated, but it is used in operations where, in the common interest of humanity, it has no business. A dental engine is a piece of fine machinery, and must be treated as such. It should not be subjected to strains greater than it is intended to bear. It will carry a certain size of tool in the hand piece, according to the strength and stiffness of the arm, cable or cord attachment, and if a larger tool is used the engine will suffer. It will stand a certain pressure upon the tool, and if the pressure be increased unduly there will be trouble. The chief wrong uses to which the engine is put are grinding up artificial teeth and boring holes in metal. It is false economy to use a fifty dollar engine upon work that can be better done on a ten dollar lathe and a dollar drill-stock.

One of the tests of a good mechanic is delicacy in handling tools. A true mechanic will apply just the required amount of force to accomplish the object, and not a particle more. Moreover, a skilful mechanic always maintains a counteracting force which is used to guard against the slipping or breaking of

the tool. It is this guarding that enables the tool to cut so far and no farther. There is no tool used in dentistry that requires such skilful handling as the dental engine. Mechanical skill is the foundation of dentistry, and no one can hope to excel who is incapable of mechanical training.

I have seen a dental engine used upon artificial teeth with pressure sufficient to grind an axe, the engine sticking, jerking and slipping until I expected to see it fall to pieces, like the parson's one-horse chaise, of old time story. An engine used like this will be a complete wreck in six months, and then the dentist will abuse the makers because it will not do the work of a small machine shop. I have an engine, a Hood & Reynolds', which is just as good—barring reasonable wear—as when it was bought in 1890. A good engine will, with good treatment, last a long time, probably as long as the ordinary dentist lives to use it. A dental engine must be used with continual regard towards its lightness and delicacy of mechanism. It must be cleaned, oiled and adjusted as often as is required to keep it at its best. It requires very little oil, and that must be of good quality. Great care must be exercised in taking it apart. There is nothing so unsightly as battered nut-corners and scratched screw-heads, whether they be on a dental engine, a gun or a bicycle. It must be borne in mind that set screws and nuts are powerful levers, and can exert a force far greater than the material of themselves and surrounding parts can bear. If a dental engine is allowed to get loose and unsteady, it entails much more suffering upon the patients, and, therefore, the condition of a dentist's engine is an index to his consideration for his patients.

The abuse of the engine in operating is a far more serious part of the question. It requires as great or even greater skill to use the engine than it does to work by hand, and yet it has been remarked that the poorer the operator the greater use he makes of the engine. It has also been noticed that in the dental colleges the engines were always in greatest demand by those who were the least fit to use them, and consequently the suffering caused thereby was much greater than necessary. Clinical instructors should pay particular attention to the manner of use of the engine by students, especially as few students have much to do with that instrument before entering the infirmary.

That the engine is abused even by dentists is shown by the fact that patients, as a rule, have a horror of it, and many neglect their teeth on account of their fear of its use. A good general rule may be deduced from experience, and that is, never use the engine on sensitive teeth except where the requirements of the case demand heroic treatment. By sensitive teeth is here meant those having sensitive dentine, and those sore from periosteal and kindred

troubles. Many persons have a positive horror of the buzzing sensation of the engine, and it is wilful and unnecessary cruelty to use it where any other means are possible. To accomplish many operations by hand certainly takes more time, and time is money, but reputation is money also, and in the long run the balance will be in favor of the dentist who avoids causing unnecessary pain. In ordinary superficial cavities well shaped and sharp excavators will accomplish the work in very short time, almost painlessly, while a burr used even very carefully is liable to cause some inconvenience. Much of the discomfort attendant upon dental operations is not so much in actual suffering as in the anticipation of it; hence, the dentist should avoid the use of whatever will, by its intricate and formidable appearance, suggest the possibility of pain. The engine is a most formidable looking instrument, and to some patients suggests the horrors of the inquisition, therefore it behoves the dentist to keep the aforesaid formidable instrument as much in the background as possible.

The later models of electro-dental engines, by their compact form and general innocent appearance, are a great improvement in this respect, provided always that the wires are concealed, for few things produce such creepy feelings in the lay mind as the "deadly wire."

In some cases the use of the engine is advisable, and is often in such cases less painful than hand work. For instance, an abscessed tooth containing a filling and extremely sensitive. If the tooth is to be saved it must be opened through the canals, and a hole must be made through the filling to the pulp chamber. To drill by hand would require time and much pressure, while the engine will do the work promptly and with a minimum of pressure. There certainly will be pain more or less intense, but it is the sooner over. In excavating large cavities that are not sensitive, opening pulp-chambers when the nerve is dead, polishing fillings, cleaning teeth and preparing for crown and bridge-work, the engine is in its legitimate sphere, and is of inestimable value to both dentist and patient. It saves time, energy, patience and temper, and renders the dentist's bread and butter a little the less hard earned. To give up the dental engine would be to retrograde a half a century. It is a priceless boon and truly worthy of this age of steam and electricity.

# Translations

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## FROM GERMAN DENTAL JOURNALS.

By CARL E. KLOTZ, St. Catharines, Ont.

**SALOL ROOT-FILLING.**—Dry the root canal with warm air. Place a little salol into a test-tube and melt over an alcohol flame. Draw a little of it into a syringe and force it into the canal. Withdraw the syringe point slowly, but keep on forcing more salol into root, filling the space occupied by the syringe point and also preventing the pulling out of that which you have forced in. Allow it to dry; it will harden in a few minutes and be as hard as dentine. If any of it is in the cavity it can be removed with a pellet of cotton dipped into alcohol or ether. Should a little pass through the apex of the root, it will do no harm; it is less irritating than gutta percha. Salol is an antiseptic, it contains 38 per cent. phenol.—*Zahntechnische Reform.*

**AN UNCOMMON CASE.**—Dr. Daish writes about a case which is very interesting in reference to its successful treatment, and especially its etiology. A girl thirteen years of age presented herself at the office on the 23rd of June with a swelling on her lower jaw, left side. The first molar and first bicuspid were quite healthy, the second premolar also appeared to be sound, but as this was the last of the temporary teeth, it was extracted in the hope of reducing the swelling and giving the second bicuspid an opportunity to erupt. The roots of the temporary tooth were only slightly resorbed. As some pus came out of the alveolus after the extraction, a poultice was prescribed for a few days. The girl did not come back till after several weeks. The poultice had been used, as there was still pus which had a very disagreeable odor. On the 13th of August she was sent to the hospital, and on the following day she was put under the influence of chloroform to find and remove the second bicuspid. The swelling was about the size of a hen's egg, into which an incision was cut from the first molar to the first bicuspid. A large quantity of disagreeable pus flowed from the cut. After much probing the tooth was found, but the position of the roots could not be determined. All attempts to extract it failed. It was determined to pack the incision with iodoform gauze, and wait for a few days. The tampon was renewed every day after the cavity was syringed with boric acid. On the fourth day it was possible to again find the tooth with a probe. It was now close to the first bicuspid, and not far from the opening. Unfortunately in probing it was pushed back to its

original place, from which it could not be removed. On the following day, on removing the tampon, it was again found close to the opening, and, with care, was removed with an elevator. Patient remained in the hospital three weeks, during which time the wound was treated daily with kali permangan, or boric acid and iodoform gauze. From what could be learned from the girl, the malady was caused by a fall down a flight of stairs some four years previous. A few days after this accident the premolar became very sensitive, and mastication was difficult, but she did not complain nor consult a physician until it took this aggravated and painful form, when she consulted Dr. Daish. In examining the extracted bicuspid he came to the conclusion that in falling a blow or pressure was exerted on the developing root which injured the pulp and caused it to die before it was fully developed.—*Monatsschrift für Zahnheilkunde.*

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## Abstracts.

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Edited By G. S. MARTIN, D.D.S., L.D.S., Toronto Junction.

ACCIDENTAL spots of blood on the clothing can be promptly removed by the use of pyrozone.—*J. E. Woodward.*

DR. A. W. HARLAN advises painting surface of pulp with collodion after drying, to relieve pain from sudden exposure.

DR. ZOUNGER prophesies that in a few years sulphuric acid will not be used as a solvent of tartar in pyorrhœa. Lactic acid is better from the fact that it does not act on the soft tissues at the same time that the hard tissues are being benefited. Lactic acid has the tendency to stimulate granulations and reunite the gum tissue with the tooth, a thing sulphuric acid cannot do.

DR. G. V. BLACK says that his experiments with the dynamometer go to show that when a tooth has lost its pulp, and begun to show discoloration, the strength of the dentine has been impaired, and there is a peculiar disposition of the enamel to chip off from the dentine not to be found in teeth with living pulps. In a pulpless tooth, if the fluids of the mouth are allowed ingress to the pulp chamber for twenty-four hours, the strength of that tooth is impaired for all time. If the fluids are prevented from entering, and the root is filled carefully, the tooth will retain its color and strength. There is always deterioration in strength to a certain extent where the pulp is destroyed, but this seems to be in direct proportion to the discoloration.—*Cosmos.*

IN making full sets of teeth I nearly always leave off the first bicuspid so as to throw the molars further forward. Better use large jaw teeth and fewer of them. If the first bicuspid is needed to fill the arch put it behind the second molar. Especially in lower sets I want large molars so that in chewing there can be more latitude for grinding instead of mashing of food. And why in the dickens can't our teeth manufacturers be impressed that cuspids should be made more prominent so as to look more natural?—*J. W. Greene.*

ARSENIC.—Dr. Corydon Palmer, of Warren, O., before the American Dental Association, denounced the use of arsenic in teeth. "It is," he said, "pretty bad in bicuspid, worse in the first molar, still worse in the second molar, and positively dangerous in the third molar. It produces irritation all along the side of the neck, often establishing a soreness there lasting for two or three years." After showing a specimen of the injurious effect of arsenic, he urged his hearers to stop the use of the drug. "You cannot," he said, "mix it up in any way in this world but that it is arsenic, and the cloven foot is in it."

BALSAM VARNISH.—Dr. Howard's antiseptic varnish for coating cavities consists of Canada balsam, to which has been added mercuric-chloride and thymol, evaporated over a water-bath from twenty to twenty-eight hours, and finally dissolved in chloroform. The proper consistency can only be determined by experience and careful observation, and it is upon this that its usefulness depends. When improperly prepared it is valueless. It is not, of course, intended to retain fillings, but to aid in their adaptation, and to act as an anti-thermal and protective coating. This formula has been annually given to the classes of Dr. Howard in the University of Buffalo.—*Dental Practitioner and Advertiser.*

DIAGNOSIS OF PYORRHŒA ALVEOLARIS.—Dr. Frank L. Sibley, of Rochester, recognizes two different systemic conditions in pyorrhœa, one of which he terms salivary pyorrhœa and the other lithæmic. Salivary pyorrhœa is due to depositions of salivary calculus on the necks of the teeth. The calculus is alkaline and hence can have no connection with the uric acid diathesis. Lithæmic pyorrhœa is produced by the deposition of serumal calculus on the roots of the teeth below the free margin of the gums. The calculus in this case he believes to be composed principally of uric acid and oxalate of lime. While the term pyorrhœa is applied to both these, the generally accepted constitutional treatment applies only to the lithæmic condition, and if applied to the salivary pyorrhœa will only aggravate the condition.—*Dental Practitioner.*



TO CLEANSE AMALGAM.—Dr. Benjamin Lord uses a teaspoonful of hydrochloric acid to a pint of water. A little is poured into a wedgewood mortar and alloy added; after stirring this the mercury is added and the amalgam is made, and washed in clear water. This will give an amalgam clear of the black oxide, and which will set more quickly, become stronger and discolor less.

WAR TALK.—“Z-z-z-z-z-z.—There is blood on the face of the moon. Things wear a ruddy aspect. Wild, wandering Wills-o'-the-Wisp, and mad, malevolent meteors flash athwart our heaving heaven. Minatory monsters menace, and chaos yawns wide its gaping mouth. With the valiant Pistol we rise and swear “All Hell shall stir for this.” Only in blood, or at the least, wine of deepest ensanguined hue, can this deep, dark, dolèful debt be washed away. Listen, oh Earth, and give ear oh ye morning stars! The editor of THE DOMINION DENTAL JOURNAL scandalously suggests, yea, artfully alleges, that the editor of this journal is *fat*. Oh ye Gods on high Olympus perched! Fat! Fat!! Loaded down with gross material Fat! H-a-h! If this be not promptly resented, soon will he indulge his sardonic impulses in hinting that, like the good Falstaff, we grow *old* and fat. Fat! We resent the imputation. We are but stoutly stalwart, and if that pampered presumptuous pet of Parnassian Polymnia does not modify his base charge, we may give him convincing proof of the character of our rotundity. Fat! A-r-r-r-r.”—*Dr. W. C. Barrett, in Dental Practitioner and Advertiser.*

SOLDER FOR ALUMINUM.—The problem of a suitable solder for aluminum was ably dealt with by Mr. Joseph Richards before the Franklin Institute. After reviewing the attempts made and the failures met with, he gives his own experience in the search for the ideal solder. He wished to obtain a solder with the following qualities: (1) It must wet the aluminum and adhere firmly. (2) It must not disintegrate after exposure to the air. (3) It must be as malleable and strong as aluminum. (4) It must have a low melting point so as to be easily worked with a soldering iron. (5) It must have the same color as aluminum and not change color. (6) It must be cheap enough for general use. After two years' experimenting the essayist found that an alloy of zinc and tin in certain proportions with a little aluminum and phosphorus produced almost the desired result. After a little further trial the proportions in the alloy were placed as follows: Aluminum, 1 part; 10 per cent. phosphor-tin, 1 part; zinc, 11 parts; tin, 29 parts. On remelting this solder a more fusible alloy liquates from it, corresponding as nearly as possible to the formula  $\text{Sn}_3\text{Zn}_4$ , which, in the essayist's opinion, makes the best solder available for aluminum work.

## Proceedings of Dental Societies.

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### OTTAWA DENTAL ASSOCIATION.

At a meeting of the dentists of Ottawa, held at the Russell House on Friday, November 22nd, it was decided to form a local society. The organization was called the Ottawa Dental Association. The following officers were elected: Hon. President, Dr. Oliver Martin, sr.; President, Dr. C. A. Martin; 1st Vice-President, Dr. W. A. Leggo; 2nd Vice-President, Dr. J. H. Parnell; Secretary, Dr. Ira Power; Treasurer, Dr. V. H. Lyon; Executive Committee, Drs. Leggo, Lyon and McElhinney; Committee on Ethics, Drs. Green, Pearson and Davidson.

Dr. McElhinney was elected correspondent to the dental journals. It was decided to hold monthly meetings during the winter.

The first regular monthly meeting was held on Monday evening, December 2nd. After the reading of the minutes some time was spent in discussing the scope and objects of the association.

Dr. McElhinney then read a paper on "The Use and Abuse of the Dental Engine," and a short discussion took place. Under the order of business known as Question Box, Dr. Armstrong introduced the all-important subject of canal-filling. Almost every member had something to say on this subject, and the discussion was interesting and valuable.

Dr. J. E. Hanna said that the material used was of less importance than the thorough cleansing of the canals, the material of course always being chosen with due regard toward its adaptability. The members present agreed with Dr. Hanna that aseptic treatment was of the first importance. Dr. Ira Power described a case requiring excision of a part of the lower jaw. Dr. W. A. Leggo, a case of threatened lock-jaw from an abscessed tooth, and Dr. Davidson a case of abscess with complications that indicated perforation of the root between the apex and the pulp chamber.

The meeting was throughout interesting and instructive, and if each one there picked up as many useful hints as did your correspondent, membership in the association is an investment that pays large dividends. The multiplication of associations of this kind throughout the Dominion and the continual mutual exchange of ideas and experiences cannot fail to greatly benefit both the dentists and their patients.

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### VERMONT STATE DENTAL SOCIETY.

The next annual meeting of the State of Vermont Society will be held on the 19th and 20th of next month in the Queen's Hotel, Montreal. The Province of Quebec members of the Canadian

profession have so often been the guests of their neighbours, that they were glad of the opportunity of reciprocating a share of the hospitality, and it was with much pleasure that they learned, that the Vermonters, as well as some of the old friends from New Hampshire and New York, would be present in Montreal. The guests will arrive at 8 p.m. Wednesday, 18th March, will be driven in sleighs to the Athletic Club House, where an informal supper will be given, and a couple of hours' entertainment by the Montreal Snow-Shoe Club, after which they will return to the Queen's. The regular proceedings will begin at 9.30 a.m. Thursday. On Thursday evening a banquet will be extended the guests; tickets for those who are not guests, \$1.50. A very pleasant evening will be spent. We hope to have a large representation of our provincial dentists. The affiliation with Bishop's University will help to render the occasion an auspicious one. Names, with subscriptions, should be sent at once to Dr. G. W. Lovejoy, treasurer, 2428 St. Catherine Street, Montreal.

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### DENTAL COLLEGE OF THE PROVINCE OF QUEBEC.

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At a meeting of the corporation of the University of Bishop's College, Lennoxville, Que., the following were present: R. W. Heneker, D.C.L. (Chairman), Rev. Professor Allnatt, D.D., Rev. Professor Scarth, M.A., Rev. Canon Thornloe, M.A., D.C.L., Rev. Thomas Adams, M.A., D.C.L., Rev. B. G. Wilkinson, M.A., A. Le Roy, M.A.; Hon. Judge W. White, A. D. Nicolls, M.A. Dr. F. W. Campbell, Dean, and Dr. McConnell, Vice-Dean, were present representing the medical faculty, and Dr. Beers, Dean of the Dental College of the Province of Quebec.

After a few very pleasant remarks from the Chairman, the amended Dental Act and the terms of affiliation were read by Dr. F. W. Campbell. Considerable discussion followed as to several details. It was arranged that students intending to go forward for the degree of D.D.S., which the University of Bishop's will confer, must attend the required medical courses in the medical faculty of Bishop's in Montreal, and be examined by the professors of the required branches; that the dental instruction shall be confined to the "Dental College of the Province of Quebec"; that the rules and regulations of the Board of Examiners of the Dental Association of the Province of Quebec and the Dental College shall be amended to harmonize with the terms of affiliation, and that arrangements will be made to give the French-speaking students the required lectures in their own language. In addition to the seven members of the Board of Examiners elected by the licentiates, the University of Bishop's and the Dental College have each power to appoint a member, increasing the number to nine. The

Board of Examiners has power to appoint two or more assessors, either outside its own body or from amongst the members of the D.A.P.Q., to attend the dental examinations of the University, and to report to the Board upon the character of such examinations. The qualifications for the degree of D.D.S. will be made in strict accordance with the requirements of the National Association of Dental Faculties, and as soon as possible a calendar, giving full information, will be issued, and may be obtained from Dr. F. A. Stevenson, Secretary of the Dental College of the Province of Quebec, Peel Street, Montreal.

The following is at present the staff of the college :

Hon. Professors—Drs. Chas. Brewster, C. F. F. Trestler, J. A. Bazin, S. J. Andres.

Anatomy (Bishop's)—Prof. Hackett.

Practical Anatomy (Bishop's)—Prof. Rollo Campbell.

Physiology (Bishop's)—Prof. A. Bruere.

Chemistry (Bishop's)—Prof. J. T. Donald.

General Pathology (Bishop's), Histology and Bacteriology—Prof. MacPhail.

Dental Physiology, Pathology and Therapeutics—Profs. W. G. Beers and L. J. B. Leblanc.

Dental Surgery and Anæsthetics—Profs. F. A. Stevenson and E. Dubeau.

Prosthetic Dentistry and Metallurgy—Profs. J. Gardner and S. Globensky.

Operative Dentistry and Orthodontia—Profs. G. W. Lovejoy and J. H. Bourdon.

Dental Materia Medica—Profs. W. J. Giles and L. Franchere.

Crown and Bridge Work—Profs. T. Coleman, J. Globensky.

Dental Technique—Prof. J. H. Springle, for both English and French students.

Dental Jurisprudence—A. Globensky, Attorney of the Board of Examiners.

Resident Clinical Instructor—Prof. S. J. Andres.

The list of Clinical Instructors is under revision, as it is determined to make the important position one of real utility, not merely of ornament.

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## BOARD OF EXAMINERS DENTAL COLLEGE PROVINCE OF QUEBEC.

In accordance with the amended Act of Incorporation, the University of Bishop's College and the Dental College of the Province of Quebec have each the right to appoint a member of the Board of Examiners. The University appointed A. H. Beers, Cookshire, and the Dental College appointed W. G. Beers. The

following were appointed Assessors: A. H. Beers, E. B. Ibbotson and J. Nolin.

Examiners have divided the subjects for the License as follows:

Prosthetic Dentistry and Metallurgy, Practical, S. Globensky.

Prosthetic Dentistry and Metallurgy, Theoretical, A. W. Hyndman.

Anatomy and Hygiene, E. Casgrain.

Chemistry and Orthodontia, J. Nolin.

Materia Medica and Therapeutics, L. J. B. Leblanc.

Operative Dentistry, Crown and Bridge Work, Practical, G. W. Lovejoy.

Operative Dentistry, Crown and Bridge Work, Theoretical, E. B. Ibbotson.

Dental Surgery and Anæsthetics, A. H. Beers.

Dental Physiology and Pathology, W. G. Beers.

In future, students will not be allowed to sign their name to their papers, but must use a *nom de plume*, as usual in law and medical examinations.

The next examination will be held on the 1st Wednesday of April.

## Question Drawer.

Address all correspondence connected with this Department to Dr. R. E. SPARKS, Kingston, Ont., Can. Matter for publication should be in the hands of the Editor not later than the 10th of each month, and must have the writers' names attached, not necessarily for publication, but as a guarantee of good faith.

### THE QUESTION DRAWER.

22. *Q.*—We are warned against conveying septic matter from one patient to another by use of unsterilized instruments. Is there not the same danger of transmitting from a diseased to a healthy part of the same mouth? How can it be best avoided? and how best treated, if the accident occur?

(a) Practically, I think there is no danger of transmitting septic matter from one part to another of the same mouth. Who would think of sterilizing his instruments between the operation of filling a tooth on one side of the mouth and that of one on the other side? If any such claim might be made it would be in the case of Rigg's disease; and yet we see teeth affected immediately beside healthy ones, while food, saliva, etc., are constantly passing from one to the other. It may be possible to affect a healthy gum margin by wounding it with an instrument used in scaling a tooth affected with the disease under consideration. In such case the treatment would be that indicated in any other case of the same disease.

L. CLEMENTS, Kingston.

## QUESTIONS.

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24. *Q.*—What are *Leptothrix buccalis*?

25. *Q.*—An aluminum crown being fitted to a root, was noticed to have a white, fluffy deposit upon it when removed from the mouth. The cusps were loaded with ordinary amalgam and the crown immediately cemented on with oxy-phosphate of zinc. This was about — m. Patient complained of a sour, metallic taste. At — p.m. same day he returned; the crown feeling and tasting very unpleasant. Upon entering the office he pressed the crown with his tongue, when it came off. He lifted it from his mouth, when it immediately became so hot that he could only hold it by letting it drop from one hand to the other rapidly. After a short time the heat subsided, when the crown was found to be riddled with holes. What was the chemical action? What caused it?

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## Correspondence

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### DENTAL QUACKERY IN THE COUNTRY DISTRICTS.

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*To the Editor of DOMINION DENTAL JOURNAL:*

SIR,—My practice is in a small village. I am dependant to a great extent upon the farmers and the residents of other neighboring villages. I was discouraged when I first settled here, that although I had become a permanent resident, many of the residents went away many miles when they wanted dental services. I learned that their distrust of dentistry was due to the fact, that they had learned this by suffering and failure, caused by incompetent practitioners, inferior materials, inferior operative and mechanical service, ignorance of the true science and art of the profession, dangerous meddling with drugs and poisons, and unskilful extraction—this was what the people had been getting from their local dentist. I do not flatter myself that I am an Atkinson or a Tomes, but my training and education fitted me to give just as good service in this village as could be had elsewhere. It took me many years to educate the farmers and others as to the importance to their general health of preserving or replacing the natural teeth. I succeeded in making them understand that Nature did not give the teeth, any more than the eyes to be extracted, that frequent examinations and early attention was money in their

pockets, and their teeth in their sockets. Now, during the last few years a few regular licentiates have started out on a hunting expedition after the natural teeth, as if they had some spite, as well as some sport, and have been squirting into the gums several dangerous local anæsthetics, with dirty syringes that are never sterilized, with dirty fingers that are never washed, and conveying, no doubt, diseases from one mouth to another. Of course these perambulating rascals take the people "on the jump;" they profess to perform miracles, and like all modern miracle performers, they not only deceive themselves and their victims, but they lie, and the more they lie the more many of the farmers seem to believe them. Now just contrast the faith our people put in these dental liars, with their want of it in their own regular practitioners, and is it any surprise that some of the best dentists feel like leaving the farmers and their families to the care of these impostors exclusively? When, by reason of preference, well-educated dentists or physicians settle in the county districts, they should have all the patronage, as well as the confidence of the community. If this is justifiable in the case of the local press, in the printing and advertising residents may require; if it is proper in relation to the local merchants, the local schools and churches, it is as much so in relation to the local professional men. It is one of the ways to strengthen these rural centres of society. Country people have always been the easiest victims of the traveling medical and dental quacks, who have no one settled centre of practice, but who are unprincipled *tramps*, robbing the public just as surely as if they went into a farmer's stable, and gave him a pair of blind horses for a healthy colt. The farmer might believe he had the best of the bargain, but after a while he would get his own eyes open, long before those of his "bargain." I would plead with the local country press of Ontario to expose these local anæsthetic humbugs, who prey upon the credulity of the public; and I would further plead with every dentist who wants to do what is right and ethical, and not to be tempted to imitate these tramps, either by their methods of advertising or their modes of practice. The local press should several times a year afford room for educational literature in dentistry, which would, in plain language, convey to the farmers especially, information as to the uses and value of the teeth, and the various direct and indirect disorders which may result from their disease, or even their absence. If this was done impersonally, and not utilized as a means of personal advertisement; if it were done coincidentally all through the local press by the local dentists in harmony, it would put a nail in the coffin of the quack.

Yours,

L. D. S.

### KIND WORDS.

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*To the Editor of DOMINION DENTAL JOURNAL :*

SIR,—We have come to the end of another year. The JOURNAL has made its regular and welcome visits. As a subscriber, I have watched its steady and rapid progress from a quarterly to a monthly publication. The past year, I think, has been the best in its history, and compares favorably, taking subscription price into consideration, with many other journals of much greater pretensions.

With congratulations for the past and well wishes for the future,  
I am, etc.,

CONSTANT READER.

December 20th, 1895.

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### "THE REASON WHY."

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*To the Editor of DOMINION DENTAL JOURNAL :*

SIR,—Your invitation for brief letters from your readers on subjects outside the purely scientific, prompts me to place a fact or two before the profession, and to ask my colleagues to send you on post-cards their explanation of "The Reason Why."

Why is it, that when the cost of becoming a dentist in Canada ; the cost of outfit, furnishing, keeping stock in repair, and the cost of living, has doubled within the last twenty years, the fees have depreciated one-half, and in many cases two-thirds? Why is it, that while the country at large is richer, and we see all around us the evidences of success in every other sphere of life, all things being equal, that the dentists are not, as a rule, as prosperous as they were twenty years ago, unless they have married their money, inherited it, or made it in fortunate speculation? Why is it, that in spite of our Acts of incorporation, our Boards of Examiners, our colleges, our voluntary societies, and our JOURNAL, the public of Canada, almost everywhere, seem to be fifty years behind the times in their appreciation of the preservation of the natural teeth, their ability to distinguish between honesty and quackery, education and assumption? Why is it, that all the scientific, instrumental, and educational advancement of the profession should be more to the profit of the public than the profession : that while we are able to-day to give better and broader service to the public, dental practice in many of its phases is fast becoming a sort of charitable institution ?

A. B.

[To start the ball rolling in reply, we believe that the public cannot be educated by quack advertisements, yet that is about all the "education" the public gets ; that impersonal information about the teeth, given to the public through the press, and specially through the official influence of the press, is needed ; that for lack of this most of the grievances arise to which our correspondent



refers. The public know a good boot from a bad one much better than they know a good filling from a bad one. Many of them are better judges of the teeth of a horse than of their own. The work being done by Boards of Examiners, colleges, societies, and the JOURNAL is being done for the profession. Perhaps our correspondent may show us that there is scope for the public work his remarks suggest. Of all causes of the public ignorance and depreciation of the value of the teeth, there seems to us none more glaring than the very same mental and professional condition among medical men. The physician has opportunities from the very first moment of existence to advise parents and children of the importance of early attention to the teeth. A personal experience of over twenty-five years justifies the statement that we can count upon the fingers of one hand the names of physicians who have shown that they know as much about the teeth and their diseases as a first year dental student. We have only met two who knew enough not to meddle in diseases which only a practical dentist can treat. We have yet to meet the first one who feels it his duty, at any time, carefully to examine the condition of the teeth and gums, and advise attention by the dentist.—ED. D. D. J.]

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## Obituary.

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### CHARLES JAMES FOX.

One of the once best known leaders of dentistry in England died on the 4th of last month from an overdose of chloroform, in Gravenhurst, Ont., in his 66th year. Owing to some trouble in England he gave up a lucrative practice in the West End of London and came to Canada with his son and a female assistant, and took up a free grant of land in the township of Wood, trying his hand at farming, but his skill as a dentist becoming known, his services were sought after by a large number of people in the town, which ultimately necessitated his removal to Gravenhurst. Only a short time ago he bought a property which he named after the old family residence in London, "Holland House." It was largely by his efforts that the profession became a corporate body in England. He received a testimonial signed by all the leading dentists in Great Britain, accompanied with a purse of one hundred guineas. As editor of the *British Journal of Dental Science*, his name was associated with the contests against quack advertising, as well as many various reforms. Last winter his wife died from an overdose of chloroform which she took to relieve severe neuralgic pain.

# Dominion Dental Journal

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*To whom all Editorial Matter, Exchanges, Books for Reviews, etc., must be addressed.*

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*All Communications relating to the Business Department of the Journal must be addressed to DOMINION DENTAL JOURNAL, Room 97, Confederation Life Building, Toronto, Canada.*

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VOL. VIII.]

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[No. 2

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## L.D.S. AND D.D.S.

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It should not be forgotten, that the L.D.S. in Canada was never at any time dragged through the mud, as was the D.D.S. in the United States. When there was no matriculation in the American colleges; when the degree of D.D.S., to use the words of the editor of the *Dental Practitioner and Advertiser*, written advisedly, "was obtained at the end of a few months' study;" when "almost any one could obtain entrance into a dental college," the requirements for the L.D.S. comprised a classical and mathematical preliminary, and three or four years' study and practice; attendance upon theoretical and practical anatomy, physiology and chemistry, and the careful training which students received under the indentureship system. Of course, it frequently occurred, that a student articted to an incompetent or neglectful dentist, found himself deprived of the clinical instruction in operative dentistry and the advantages of the systematic didactic work of a college. But it quite as frequently happened that the student entered an inferior college, that the education received was a delusion and a snare, and that "the few months' study" was, in fact, much inferior to what he could have obtained had he remained at home. This aspect of the question was well threshed in Vol. VI. of this journal, and it is satisfactory to find that our friend, the editor of the *Dental Practitioner and Advertiser* has at last admitted our contention, that the possession of the degree of D.D.S., in the early days,

“represented but a comparatively low degree of erudition and a small amount of professional training, and it was valued accordingly.” But it must be remembered that when this was the curriculum of the dental colleges, that required for the L.D.S. was three to four full years of steady study and work, and that if the Canadian requirements had their defects—as they certainly had—they were far from as glaring as those publicly presented in the calendars of the time, to tempt the student to the American schools.

We all know and appreciate the work done by the National Association of Dental Faculties to raise the standard of the college curriculum. But we do not think the executive give sufficient credit to the work done by Canadian students who obtained the L.D.S. Of course it does not come within the province of the Association to discuss the subject ; but it may some day, and it is only just to remember, that at the time when the D.D.S. was being given indiscriminately “at the end of a few months’ study” to Tom, Dick and Harry, to candidates ignorant of “the commonest rudiments of an English education,” not to speak of any higher education ; to foreign candidates who did not understand one word of the lectures, the preliminary requirements for the L.D.S. were as high in Canada as they are to-day, as high as any required in the world, and 75 per cent. beyond that demanded in the United States ; and that when Doctors of Dental Surgery were being made in “a few months,” the students had to devote from thirty-six to forty-eight months to get the L.D.S. We contend that the L.D.S. was thus a much superior degree. The National Association knocked the bottom out of the D.D.S. degradation, and deserve the gratitude of the profession.

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### THE GENUS “HOG.”

We have the *genus* Hog in the professions as well as in the trades and manufacturing. It ought to be easy to trace the origin of this modified descendant of some pre-existing *sus scrofa* evolved into human form, having had transmitted the same want of moral sense and the same voracity as his omnivorous predecessor. Fortunately for us in Canada, the *genus* could never get acclimatized. We have our own share of the charlatan and impostor, but the Dominion is too big to breed the genuine human hog, and so when a few are discovered they excite curiosity as well as contempt.

The dental hog may not want the earth, but he wants all the business in his town. He never misses the chance, by fair means or foul, generally the latter, to monopolize every advantage which can in any way serve his swinish instincts. He plans the circum-

vention of his confreres in every social, business and professional relation ; playing the parasite where he fears, and the arrogant where he dares ; fawning upon those who have patronage to bestow, and riding roughshod over those who have an equal right to share it.

“ We cannot make a silk purse out of a sow’s ear,” and we cannot make a gentleman with a piece of parchment. A degree or a license to practice dentistry or medicine should have some refining influence upon its possessor. As a rule it has. But the hog is always a hog, whether his trough be a silver dish or a dirty ditch. His greed is not lessened by satiety. When he can grab no more for very fulness, he grieves because he is gorged. It would be a blessing to us if the dental laws could dispose in some way of the biped hog, as the law of Mohammed disposed of his quadrupedal progenitor.

Among the latest contribution to the degradation of dental advertising, we have recently seen a new commercial trap for drawing business, and which, while it may be legitimate for butchers, barbers, and saloon-keepers, is simply disgraceful for professional men. It is in the form of a book of advertisements, bearing a large number of coupons, with the list of members’ names on the back of the cover. It is stated that the advertising company, not the member, gives certain prizes for every dollar’s worth of sausages you buy from the butcher, every dollar you spend in getting your hair cut, and every dollar you invest with the dentist ! But it does not state that the member has to pay a certain percentage of all coupons he hands over to the agent. There is no difference as to whether the agent or the member gives the customer the prize, as a premium, in consideration of a certain purchase. A dentist or a physician who deals in such contemptible methods of drawing business ought to keep a stock of sausages, etc., on hand, and supply the patients with boots and shoes, turnips and potatoes. We should then have some interesting additions to the curiosities of dental advertising. For instance, how would it look :

“ J. J. Hog, L.D.S. Premiums given with all ‘work’ ! Get your teeth out and in at my *abattoir* only, and get a prize package with every tooth pulled ! One year’s subscription to the local paper with every set of teeth ! Contracts made by the year, or in perpetuity ! Farm produce, and old teeth bought, sold, and exchanged ! No need to go elsewhere ! ”

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### TO SECRETARIES.

Please do not fail to send us at once dates and places of next provincial meeting ; notices of elections, etc.

## THE COMMERCIAL INSTINCT.

The tendency to adopt trade methods in professional practice will not likely cease. The temptations which these ways and means of making an extra dollar offer to young men, are naturally hard to resist; especially where we have a small class of "gutter dentists" who in spite of the encouragement generously given them, and the opportunities to rise in the social and professional scale, always carry about them the odor of unsanctity and the instincts of the slums. It is an admirable trait of character, when a young man rises above any invidiousness of early association, and aspires at least to be a gentleman, in the true sense of the word. But it is a vulgar boast with some of the *canaille* of the profession that they would drag dentistry down to the level of the meanest trade, if they could make that extra dollar by the degradation. There are people who are only law-abiding because of their dread of punishment, and it is only the restraint of the laws on dentistry and the by-laws of the Boards, which deters the gutter dentist from turning his office into an imitation of a barber-shop, with half a dozen unlicensed employees operating at as many chairs. This ignoble and selfish feature is as natural to the *genus* Hog as it is for a dog to bark. If a dentist has determined to make everything yield to the purely commercial, so that ethics and unselfishness form no part of his rule of conduct, he can no longer be regarded as a respectable member of the profession. If a professional man resorts to the methods which degrade the meanest trade; if in private or public he depreciates the knowledge or skill of worthy confreres, he must not expect to take rank in professional circles beyond that of the actual outlaw. If he feels under no obligations to conform to the ethics of his profession he has no right to complain if his colleagues display towards him their contempt. We have an example as to how men are regarded who despise the ethics in the practice of law and medicine. The specialty of the dentist is as much entitled to respect as that of the oculist; but the oculist who makes a mere trade of his practice may be a decent mechanic, who can have no claim, however, to professional esteem. The purely commercial instinct in a profession is positively immoral. For such men a bar-room license would be more suitable than a dental license. There is no reason why careful financial management and a determination to secure good fees should not govern those who are the most ethical. That would not satisfy the selfish churl. He cannot be happy unless his hand is against his confreres. Like the cockney who boasted that he had been kicked by a Duke of York, the churl seems to enjoy the dislike of his confreres. We do not imagine that their

contempt costs him a moment's worry. No one supposes that the ordinary rooster is at all jealous of the peacock. Quite likely it gets so much fun out of the peacock's voice that it never once thinks of the peacock's plumage.

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### THE UNIVERSITY OF BISHOP'S COLLEGE AND AFFILIATION.

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"The Dental College of the Province of Quebec," after the usual vicissitudes of new organizations, has been affiliated to the University of Bishop's College, for the purpose of obtaining the degree of Doctor of Dental Surgery. The Province of Quebec, in many ways, affords opportunity to puzzle and perplex onlookers. The two legal languages naturally demand that in all matters pertaining to education the established rights of the minority, as well as the majority, will be carefully considered, and the dentists have had to congratulate themselves upon an unbroken alliance of goodwill, which has never had intruded upon it any vexatious question of nationality. In considering the organization of a college, two faculties, teaching respectively French and English, were established, and with a view to perfect equality, the promoters placed in the amended Act of 1892 a clause providing that the school might be affiliated to the French and English universities. For some reason not very clear, the University of Laval, the only French one in the province having a medical faculty, could not accept the overtures for affiliation, and the French dentists in that respect were left out in the cold. McGill University was willing to accept the proposal conditionally that the Dental College would take a meaningless degree, G.D.S.—Graduate of Dental Surgery—and occupy a position inferior in many respects to the Veterinary College, which enjoys the distinction of a faculty, receiving the degree from McGill of D.V.S.—Doctor of Veterinary Surgery. It seems that such doctorate degrees cannot be given under our constitution excepting through a University, and as we have not the facilities for manufacturing colleges and universities to order which exist over the border, the dentists of Quebec had either to be entirely dependent upon foreign schools for an education, for without the opportunity of obtaining a degree worthy of the name, no dental school can exist in the province, or get what they need from a university in the province. The University of Bishop's College has settled the difficulty, and no doubt it will prove of great benefit to all parties concerned.

Dentistry has earned its claim to social and professional equality with medicine and surgery. No less than twenty-nine universities

in the United States grant the degree of D.D.S. or D.M.D.—the latter, Doctor of Dental Medicine, by Harvard and Michigan. The University of Toronto has granted the degree of D.D.S. for several years; and ever since the first movement towards incorporation in 1868, the medical profession of Ontario has held out a sympathetic hand to the dentists. In England dentistry is affiliated to the Royal College of Dental Surgeons, in spite of one or two antiquated cranks, who held the opinion that the profession should be classed with the trades, and who were rather taken aback when Her Majesty the Queen placed dentistry on the same social level as medicine and surgery, by knighting two of its distinguished practitioners. All the leading medical journals in Europe have recognized the great progress made in dentistry, and from the first step, the *London Lancet* and the *British Medical Journal* have upheld it with a respectful sympathy, which lesser lights might as well follow now as later. Forty-six states of the American Union officially recognize the doctorate in dentistry as fully equivalent to the doctorate in medicine. Even in Mexico it is made compulsory for practice. Six of the seven provinces in Canada have by Act of Parliament recognized it, and in several it is made obligatory. But it takes a long time to remove unreasonable prejudices in old Quebec. It has taken twenty-seven years of hard work on the part of the dentists of Quebec, of unselfish labor, without a dollar of endowment or financial aid, directly or indirectly, from the public or the Government; with a staff of teachers who for several years have done their duty without salary, and who, moreover, are individually heavily out of pocket—it has taken this and more before the profession could secure satisfactory arrangements to give students a thorough education in their own province. The affiliation with Bishop's University will be made a success.

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#### FOUR HUNDRED (\$400.00) DOLLARS IN PRIZES.

The special attention of our readers is called to the advertisement in this issue of the Palisade Manufacturing Company (with above title) on page facing "Original Communications." The prize contest which this well-known firm announces will no doubt attract a great deal of attention, and result in the submission of many articles of merit on the "Germicides and Antiseptics in Dentistry." The prizes are extremely liberal, and the well-known professional and literary eminence of Dr. George S. Allan, of New York, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of prizes. We are assured that there is absolutely "no string" attached to the provisions of this contest, and any dentist in good standing in the

community is invited to compete on equal terms with every other competitor. Further particulars as to conditions, etc., can be obtained on application to the Palisade Manufacturing Company, Yonkers, N.Y., or to their agent in Canada, Mr. R. L. Gibson, 30 Wellington Street East, Toronto, Ont.

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### EVERYBODY TALKING ABOUT IT.

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People everywhere are standing aghast at the wondrous strides of the *Family Herald and Weekly Star*, Montreal. Certainly few Canadians were prepared to see a Canadian paper take the head of the procession and to become such a conspicuous all-round favorite so soon. The *Family Herald and Weekly Star*, Montreal, is simply a marvelous production, and to think that it is only a dollar a year adds to everybody's genuine amazement. It is well worth while sending to the publishers, Montreal, for a sample copy, which we are told will be sent free just to enable the people to see what can be produced in the newspaper line for a dollar a year. Few people will credit their own senses when they see it. Artists who have seen the premium picture to be given with the *Family Herald* this year ("Little Queenie," we think, is the name of it) say that the premium is quite as wonderful as the paper itself. Every one must admit that the *Family Herald* has carved out a great place for itself not only on this continent, but throughout the world.

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DR. W. E. BEACHLEY, Hagerstown, Md., says: "I have had such good results with Borine that I can say I am more than pleased with it. In a case of Alveolar Abscess which for a long time had resisted treatment I completely cured it after using Borine, no other remedy had given me such quick results and I heartily recommend it. I have discarded other antiseptics and intend to use it alone." All dentists find in Borine prophylactic and hygienic properties that make it invaluable as a mouth and tooth wash. In fact it might be termed the *Ideal Dental Antiseptic*. It will devitalize the mouth without harming the most delicate epithelium or injuring the dentine in the short space of a quarter of a minute. Borine removes acrid accumulations, tartar or tobacco stains by dissolving the deposits, not by bleaching. It is an absolute necessity for those wearing artificial dentures. In Pyorrhoea Alveolaris, by using Borine and a tooth-brush at least three times a day, the accumulation of food and micro-organisms is prevented and thus the aggravation of the disease.



## Reviews

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*Canada, and Her Relations to the Empire.* By LIEUT.-COL. G. T. DENISON. Reprinted from the *Westminster Review*. Toronto: *The Week* Publishing Company.

It is much more a shame for a man to be ignorant of the history of his own country, than of that of his own profession. It concerns us very little, in a practical sense, as to what the ancient Egyptians knew of the dental art; but to every man who loves his land, it concerns us a great deal, as to how the present constitution under which we enjoy freedom and prosperity, and our relations to our great Empire, were brought about. *The Week* is a powerful moulder of opinion in Canada, especially since it has been relieved of the immediate ægis of one who is not in touch with our aspirations. It should be on the table of every dentist. We hope that Colonel Denison will enlarge the subject to book form.

*The Medical Digest, 1840-90.* 794 pp., 132 pp. index. *Appendix to Digest, 1891-95.* 206 pp., 21 pp. index. By RICH. NEALE, M.D., London, Member of the Dental Medical Society of Batavia, Java. Third edition. London, Eng.: Ledger, Smith & Co., publishers.

These are two works of great value to the busy practitioner, independent of the many works or value to which it refers. Dr. Neale issued his first edition in 1877, and scores of writers have been saved days and weeks of research and study, and have illuminated their writings by the facilities which this unique work affords. The encomiums bestowed upon it by the *British Medical Journal*, the *Lancet*, the *Practitioner* and other journals of high repute, should be quite enough to satisfy sceptics as to its value. It serves to show the importance of preserving the monthly journals for reference; it is a check upon any attempt at the imposture which delights in proclaiming "new discoveries" which are only the reproduction of old ones; it is a guide to the philology of the medical profession; it is a mine of many precious hidden treasures in medical and dental literature; it is a key by which the busy practitioner can unlock many concealed suggestions. It is a *multum in parvo*; an immense library in two volumes; saves time, temper, and labor. Under the head of each disease there is a full list of the remedies used, and under each remedy a similar list of its therapeutical applications. Life is too short to plod through a hundredth part of the information which this work has made easy.